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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/585,677-Conf. #4698
		Filing Date	June 7, 2004
		First Named Inventor	Allen Rosenspire
		Examiner Name	S. E. Fernandez
		Art Unit	1651
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	66174-0006
TOTAL AMOUNT OF PAYMENT	(\$)	555.00	

  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>18-0013</u> Deposit Account Name: <u>Rader, Fishman &amp; Grauer PLLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

  

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							<u>Small Entity</u>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)							52    26
Each independent claim over 3 (including Reissues)							220    110
Multiple dependent claims							390    195
<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
<u>42</u> - 43 or HP		<u>      </u> x		<u>      </u> =		<u>      </u>	
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
<u>10</u> - 10 or HP		<u>      </u> x		<u>      </u> =		<u>      </u>	
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	
<u>      </u> - 100 =		<u>      </u> /50 =		<u>      </u> (round up to a whole number) x		<u>      </u> =	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<u>Fees Paid (\$)</u>
Other (e.g., late filing surcharge): <u>2253 Extension for response within third month</u>							<u>555.00</u>

  

<b>SUBMITTED BY</b>			
Signature	/James F. Kamp/	Registration No. (Attorney/Agent)	41,882
Name (Print/Type)	James F. Kamp	Telephone	(248) 594-0656
		Date	April 6, 2010

**Fee Transmittal**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 6, 2010

Electronic Signature for James F. Kamp: /James F. Kamp/